# **DR-2 Disclosure Summary Page**

Iowa Medical Lea	dership PAC		Status:	Filed
Committee Type:	Iowa PAC		Statutory Due Date	5/19/2016
County:	_NA		Adjusted Due Date	
District:	0		Filed Date	5/12/2016 8:15:39 AM
Committee Code:	9784		Postmark Date	
Political Party:	Not Available		Amendment Date	
Report Date:	2016	Candidate Na	me:	•

#### **Treasurer**

Last Name: Mulkey, M.D.		First Name:	Mark	MI: W
Address: 250 S Crescent Dr				•
City: Mason City	State: IA	Zip Code:	50401	<b>Phone:</b> 641-422-6680
E-Mail: mmulkey@mcclinic.com				

## Chairperson

Last Name: Dettmer		First Nar	ne: Tim	nothy	MI:
Address: 250 S Crescent Dr					
City: Mason City	State: IA	Zip Co	<b>de:</b> 504	Phone:	641-494-5400
E-Mail:				-	

## **Statement of Cash On Hand**

Cash on Hand at Start of Period	\$13,267.69
Schedule A: Cash Contributions Total	\$800.00
Schedule F1: Loans Received Total	\$0.00
Schedule H2: Campaign Property Sales	\$0.00
Sub-Total	\$14,067.69
Schedule B: Expenditure Total	\$0.00
Schedule F2: Cash Loan Repayments	\$0.00
Cash on Hand at End of Period	\$14,067.69

## **Additional Assets and Liabilities**

Loans in Place at Start of Period	\$0.00
Schedule D: Unpaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F2: Forgiven Loans	\$0.00
Schedule F2: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown	No
Schedule H1: Campaign Property Value	\$0.00